

Kemper Senior Solutions

Insurance Benefits Provided by Reserve National Insurance Company

APPLICANT	Full Legal Name of Proposed Insured _____
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____
	Legal Residence Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>
	Mailing Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City State Zip </div>
	Phone No. _____ / _____ / _____ E-mail _____
	Name of Owner if other than Proposed Insured _____

HOME HEALTH CARE INDEMNITY POLICY		<i>HOME OFFICE USE: Policy Number(s)</i>
UNDERWRITING	If you are applying for the Home Health Care Indemnity Policy, please answer the following:	
	1. Do you have any health insurance (including home health care, long-term care, or similar coverage) in force at the time of this application?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. If the answer to Question 1 is "Yes," do you intend to replace your current health insurance coverage with the policy applied for? (Complete Replacement Notice if "Yes").....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Are you currently living in a nursing home or assisted living facility or currently receiving home health care or similar-type benefits?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. Are you physically unable to perform routine activities such as bathing, dressing, eating, toileting or transferring to or from a bed or chair?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Do you acknowledge receipt of an outline of coverage for this policy?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly (Automated Bank Account Withdrawal)		
Base Policy		Initial Premium \$ _____
Base Policy + Extra Benefit Rider		Initial Premium \$ _____

AGREEMENTS & SIGNATURES

IT IS REPRESENTED THAT ALL STATEMENTS AND ANSWERS CONTAINED IN THIS APPLICATION ARE FULL, COMPLETE AND CORRECTLY RECORDED AND THAT: 1. This application and any supplements thereto will be the basis for and be a part of any insurance issued, and that all statements and answers in this application and any supplements are complete and true to the best of applicant's knowledge and belief. 2. The insurance applied for in this application will not be considered in force until issued by the Company and the first premium paid during the insured's lifetime. The Company shall have 60 days from the date signed in which to consider and act upon this application which the parties agree is a reasonable time. If within such period insurance has not been received by the applicant, or if notice of rejection has not been given, then this application shall be deemed to have been declined by the Company and the Company will return any premium tendered herewith. For purposes of insurability and underwriting determinations by Reserve National Insurance Company, I hereby authorize any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, pharmacy related service organization, or other medical or medically-related facility, insurance company or MIB, Inc. ("MIB"), that has any health or medical records or knowledge concerning me or any members of my family named in this application, to disclose to the Company or its reinsurers any such information upon presentation of this authorization or reproduction thereof. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. I, or my authorized representative, am/is entitled to receive a copy of this authorization upon request. This authorization shall remain valid for a period of 24 months from the date hereof. I understand that I may revoke this authorization at any time by mailing written notice thereof to the Company at 601 East Britton Road, Oklahoma City, OK 73114. If this application was taken over the telephone, I state that my answers were correctly recorded and I have signed this application after the telephone call.

